

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE**

**CERTIFIED MARRIAGE AND FAMILY
THERAPIST INTERN
MARRIAGE AND FAMILY THERAPIST
APPLICATION**

DOPL-AP-065 REV 03/30/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann, which implements the requirements of 42 U.S.C 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. If you are applying for licensure as a Certified Marriage and Family Therapist Intern, submit the following documents and fees.
 - a. Submit official college transcripts as required in number 2a of Supporting Documents and Fees under these instructions.
Please note: Certain persons who do not meet the education requirement under number

2a, but who met the education requirement under number 2b of Supporting Documents and Fees prior to July 1, 2000 may, for a limited period of time, qualify for the Certified Marriage and Family Therapist Intern license. If you met the requirements under number 2b prior to July 1, 2000, please carefully review Additional Important Information item number 14, Transition Provisions, for more detailed instructions on whether you can qualify for this license and how to complete this application.

If you did not meet the education requirement under instruction 2b until after July 1, 2000, you do not qualify for the Certified Marriage and Family Therapist Intern license or the Marriage and Family Therapist license and you must complete the education requirement as described in number 2a and obtain a Certified Marriage and Family Therapist Intern license before beginning or continuing any qualifying experience.

- b. Submit the \$75.00 non-refundable application processing fee for a Certified Marriage and Family Therapist Intern license.
2. If you are applying for licensure as a Marriage and Family Therapist, submit the following documents and fees.
- a. If applying after July 1, 2002:
 - (i) Submit official college transcript(s) evidencing completion of a master's or doctorate degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy; or
 - (ii) Submit official college transcript(s) evidencing completion of a master's or doctorate degree in marriage and family therapy from an institution which is accredited by a professional accrediting body approved by the Council for Higher Education Accreditation of the American Council on Education and meets the specific course requirements as provided in Division rules.

Request that the school(s) submit this documentation to you to be included with your application.

- b. If applying before July 1, 2002:
 - (i) Submit documents required under 2a (i)
 - (ii) Submit official college transcript(s) evidencing completion of a master's or doctorate degree in a field of education emphasizing human behavioral studies and skills in therapy from an institution which is accredited by a professional accrediting body approved by the Council for Higher Education Accreditation of the American Council on Education and meets the specific course requirements as provided in Division rules; or
 - (iii) Submit official college transcript(s) evidencing completion of a master's or

doctorate degree in a field of religious study with a documented emphasis in marriage and family therapy and meets the specific course requirements as provided in Division rules.

Request that the school(s) submit this documentation to you to be included with your application.

- c. Submit official verification of your passing score on the Examination of Marital and Family Therapy (EMFT).
- d. Submit a completed "Verification of Supervised Experience" form from each of your supervisors to document a total of 4,000 hours of supervised experience, 1,000 hours of which are in Mental Health Therapy.

Request that each supervisor complete the form and submit the form to you for submission with your application.

- e. Using the "Request for Verification of License" form, obtain verification of licensure from every state in which are currently licensed as a marriage and family therapist.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to the Division or return them to you for submission with your application.

- f. Submit the \$75.00 non-refundable application processing fee for a Marriage and Family Therapist license.

- 3. If you are applying for licensure by endorsement (current licensure in another state) submit the following documents and fees.

- a. Using the "Request for Verification of License" form, obtain verification of licensure from every state in which you are currently licensed as a marriage and family therapist.
- b. Request that the verifying state(s) complete the form(s) and mail or fax them directly to the division or return them to you for submission with your application.
- c. Documentation showing that you have been actively engaged in the lawful practice of marriage and family therapy including mental health therapy for not less than 4000 hours during the three years immediately proceeding the application for licensure in Utah.
- d. The \$75.00 non-refundable application processing fee for a Marriage and Family Therapist License.

Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice.

The following applicable laws and rules are available on the Internet at
<http://www.commerce.state.ut.us/DOPL/dopl1.htm>

You may also purchase them for a fee from Experior at the address and telephone number below.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Mental Health Professional Practice Act
 - ☐ Mental Health Professional Practice Act Rules
 - ☐ Marriage and Family Therapist Licensing Act Rules
2. **“Practice of mental health therapy”** means treatment or prevention of mental illness, including:
 - ☐ conducting a professional evaluation of an individual’s condition of mental health, mental illness, or emotional disorder;
 - ☐ establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy;
 - ☐ prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and
 - ☐ engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy.
 3. **Supervised Marriage and Family Therapy Experience:** Upon completion of the required education, 4,000 hours of supervised marriage and family therapy and mental health therapy experience is required for licensure. The “Verification of Supervised Experience” form must be submitted upon completion of the required supervised experience.
 4. **Supervised Experience in Mental Health Therapy:** The 4,000 hours of supervised marriage and family therapy experience includes a minimum of 1,000 hours of supervised experience in mental health therapy, 500 of which must be in conjoint, couple, or family therapy sessions. You must also document 200 hours of supervision, 100 of which must be individual supervision.
 5. **Requirements for a Marriage and Family Therapist Supervisor:** In order for an individual to qualify as a Certified Marriage and Family Therapist Intern supervisor, they must be currently approved by AAMFT as a marriage and family therapist supervisor; or be currently licensed and in good standing as a marriage and family therapist who has engaged in the lawful practice of mental health therapy for not less than two years; has successfully completed 30 clock hours of instruction in the theory, practice, and process of

supervision; and has successfully completed 36 clock hours of training related to the practice of supervision under the direction of a qualified marriage and family therapist supervisor.

6. **Examination:** To obtain information regarding the Examination of Marital and Family Therapy, contact Experior at the address and phone number above.
7. **Transcripts:** If your education has been previously approved by the Division, either through a course work review or other approval by the Division, you do not need to complete the Educational Requirements section but must submit a copy of the approval letter from the Division.
8. **Endorsement:** To qualify for licensure by endorsement (licensure in another state), an applicant must document that he/she is currently licensed in good standing in another state and has been actively engaged in the lawful practice as a marriage and family therapist engaged in mental health therapy for not less than 4,000 hours during the 3 years immediately preceding the application for licensure in Utah.
9. **Continuing Education:** Forty (40) hours of continuing education are required for each two year period. This requirement is pro rated for new licensees.
10. **License Renewal:**
 - a. The Certified Marriage and Family Therapist Intern license is issued for a period of three years. It is generally expected that you will complete the 4000 hours of supervised experience during that time period and become licensed as a Marriage and Family Therapist. This license will not be renewable unless the individual presents satisfactory evidence to the division and board that reasonable progress is being made toward passing the qualifying examinations or is otherwise on a course reasonably expected to lead to licensure, but the period of the extension may not exceed two years past the date the minimum supervised experience requirement has been completed.
 - b. The Marriage and Family Therapy license is renewed on September 30th of even-numbered years.
11. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
12. **Change in statute** - education requirements. On May 1, 2000, the education requirement was changed by statute. Persons who obtained a degree under education requirements prior to July 1, 2000 were allowed until July 1, 2002 to obtain the qualifying experience and still be licensed under the prior education requirement. Anyone who met the prior education requirement but who do not become licensed before July 1, 2002, can not qualify for licensure based upon prior education requirement. Accordingly, someone could be granted a Certified Marriage and Family Therapist Intern license but if they do not timely

complete their qualifying experience by July 1, 2002, they may not be eligible for licensure as a Marriage and Family Therapist without re-qualifying under the current education requirement. At that date, they would also no longer be qualified to hold the Certified Marriage and Family Therapist Intern license.

13. **Change in statute** – requirement to be licensed while obtaining qualifying experience. Prior to May 1, 2001 a person could (based upon an exemption) obtain qualifying experience without holding a license but only after they completed their education requirement and meeting certain other requirements. Beginning May 1, 2001, qualifying experience for the Marriage and Family Therapist license can only be obtained while a person holds a valid Certified Marriage and Family Therapist Intern license.
14. **Transition Provisions** – resulting from change in statute. Certain persons who do not meet the education requirement under number 2a, but who met the education requirement under number 2b prior to July 1, 2000, may for a limited period of time, qualify for the Certified Marriage and Family Therapist Intern license.

If you met the requirements under number 2b prior to July 1, 2000, please do the following:

- a. Determine how many hours of qualified experience you have obtained after your education was completed and prior to May 1, 2001.
- b. Determine how many hours of qualified experience you could obtain between now and July 1, 2002 at the rate of 40 hours per week (full time employment).
- c. Add the answer to a and b together. If the answer is less than 4000, it is impossible for you to meet the requirements for licensure prior to July 1, 2002 under the prior education requirement and you do not qualify for the Certified Marriage and Family Therapist Intern license.
- d. Add the answer to a and b together. If the answer is more than 4000, you may qualify for licensure. Submit the following additional documents with your application:
 - (i) Submit official college transcripts as required in number 2b of these instructions.
 - (ii) Submit the “Verification of Supervised Experience” form from each of your supervisors to document all supervised experience obtained after your education was completed and prior to the date of your application.

Please note: If you are granted a Certified Marriage and Family Therapist Intern license under this provision, you must complete your experience by July 1, 2002, and meet all other requirement for licensure and apply for your license prior to July 1, 2002. If you do not meet this deadline, you will not be eligible for licensure as a Marriage and Family Therapist without re-qualifying under the current education requirement. On July 1, 2002, you would no longer be qualified to hold the Certified Marriage and Family Therapist

Intern license and such license will automatically expire.

15. Applications, laws and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division to verify that you have a current document.

Make Licensure Fees Payable To: DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6727
(801) 530-6163

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

BLANK PAGE

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number.: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____ Certified Marriage and Family Therapist Intern

_____ Marriage and Family Therapist

EDUCATION REQUIREMENT (Attach additional sheets if necessary):

1. Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received _____ Date of Graduation: _____

ACCREDITATION:

Answer “Yes” or “No”

_____ Is the earned marriage and family therapy degree from a COAMFTE accredited institution?
If “no”, complete Educational Requirements of this application and submit course descriptions.

EXAMINATION REQUIREMENT:

Answer “Yes” or “No”

_____ Examination of Marital and Family Therapy, Date(s) Taken: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold, or have ever held as a marriage and family therapist. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

PROFESSIONAL EMPLOYMENT EXPERIENCE:

List in chronological order your places of supervised professional employment experience totaling 4000 hours of experience. Please show month and year for each. Use additional sheets if necessary.

1. Position: _____
Telephone: _____
Organization: _____
Address: _____
Contact Person: _____
Dates of Employment: _____/_____/_____ to _____/_____/_____
Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____
2. Position: _____
Telephone: _____
Organization: _____
Address: _____
Contact Person: _____
Dates of Employment: _____/_____/_____ to _____/_____/_____
Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____
3. Position: _____
Telephone: _____
Organization: _____
Address: _____
Contact Person: _____

Dates of Employment: _____/_____/_____ to _____/_____/_____

Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____

4. Position: _____

Telephone: _____

Organization: _____

Address: _____

Contact Person: _____

Dates of Employment: _____/_____/_____ to _____/_____/_____

Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____

MARRIAGE AND FAMILY THERAPIST QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. ___Have you ever applied for or received a license, certificate, permit or registration to practice in a regulated profession under any name other than the name listed on this application?
2. ___Have you ever been denied the right to sit for a profession licensure examination?
3. ___Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. ___Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?
5. ___Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. ___Have you ever had hospital or other health care facility privileges, or professional association membership denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
7. ___Have you ever been permitted to resign or surrender hospital or other health care facility privileges, professional association membership, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?
8. ___Is any action related to your conduct or patient care pending against you now at any hospital, health care facility or agency?
9. ___Have you had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
10. ___Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?
11. ___Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

12. ____ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. ____ Have you been named as a defendant in a malpractice suit during the past ten years? The filing date of the complaint naming you as a defendant should be considered to be the date of the malpractice suit for purposes of responding to this question.
14. ____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
15. ____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
16. ____ If you are licensed in the profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
17. ____ Are you currently using or have you recently used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. ____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. ____ Have you ever been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? **Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed**, however, minor traffic offenses such as parking or speeding violations need not be listed.
20. ____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer yes to question 19 or 20, you must include with your application, a police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

21. ____ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?
22. ____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

23. _____Have you ever been terminated from a position because of drug use or alcohol?

If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean the applicant will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

EDUCATIONAL REQUIREMENTS

To be completed by all applicants who have **not graduated from a COAMFTE accredited curriculum** in marriage and family therapy. You can expedite the review process by providing a copy of the graduate catalog course description and/or syllabus of any identified courses. Use each course only once.

Theoretical Foundations of Marital and Family Therapy (minimum 6 semester or 9 quarter hours.) Total Hours:_____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Assessment and Treatment in Marriage and Family Therapy (minimum 9 semester or 12 quarter hours.) Total Hours:_____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Human Development and Family Studies (minimum 6 semester or 9 quarter hours.) Total Hours:_____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Professional Ethics (minimum 3 semester or 3 quarter hours.) Total Hours:_____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Research Methodology and Data Analysis (minimum 3 semester or 3 quarter hours.) Total Hours:_____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Supervised Clinical Practicum (500 hours of clinical practice which must include 250 hours with couples or families physically present in the therapy room and 100 hours of supervision for a total of 600 hours) Total Hours:_____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Course Title:_____ Course No.:_____ University:_____ Year:_____

Credits (S/Q):_____ Credits Rec'd._____

Electives in Marriage and Family Therapy (minimum 3 semester or 3 quarter hours.) Total

Hours:_____

Course Title:_____Course No.:_____University:_____Year:_____

Credits (S/Q):_____Credits Rec'd._____

Course Title:_____Course No.:_____University:_____Year:_____

Credits (S/Q):_____Credits Rec'd._____

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:_____

Date of Signature_____

Printed Name of Applicant_____

BLANK PAGE

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801 530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the State of Utah as a _____

I am/have been licensed in your State under the name _____

My Social Security Number is _____

My Date of Birth is _____

My license number in your State is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes

_____ No, please elaborate _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, From What State _____

_____ Waiver _____

Examination Scores _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No

_____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801 530-6511

VERIFICATION OF SUPERVISED EXPERIENCE

TO BE COMPLETED BY EACH SUPERVISOR OF THE REQUIRED SUPERVISED EXPERIENCE HOURS:

Applicant Name: _____

Supervisor's Name: _____

Supervisor's License issued: State _____ Profession: _____ Year: _____

Facility Name where experience took place: _____

Facility Street Address: _____

City: _____ State: _____ Zip: _____

Inclusive Dates of Supervised Experience: From ____/____/____ To ____/____/____

Total Hours of Face to Face Individual Supervision (minimum 100 hours) _____

Total Hours of Other Supervision _____

Grand Total of Supervised Hours (minimum 200 hours) _____

Total Hours of Mental Health Therapy with clients in conjoint or family therapy (minimum 500 hours) _____

Total Hours of other Mental Health Therapy _____

Grand Total of Mental Health Therapy Hours (minimum 1000 hours) _____

Total Hours of other supervised experience _____

Grand Total of supervised hours (minimum 4000 hours) _____

The hours worked and supervised are reported on the basis of:

____ Supervisor's appointment calendars or records

____ Supervisor's best recollection

Nature of Applicant's Duties: _____

I do hereby certify that the applicant for licensure as a marriage and family therapist has: (check the appropriate line)

_____successfully completed the above supervised experience; or

_____has not successfully completed the above supervised experience.

I further certify that the applicant:

_____is qualified and competent to practice mental health therapy as a licensed marriage and family therapist.

_____is not qualified and competent to practice mental health therapy as a marriage and family therapist.

If applicant is not qualified, please explain the nature of the problem and recommendations for remediation (attach additional pages as needed).

I certify that I am an approved licensed marriage and family therapist in good standing and I am a qualified supervisor in accordance with Statute and Rules. I further certify that I am professionally responsible for the acts and practices of the applicant which are a part of the required supervised experience.

Signature of Supervisor:_____

Date of Signature:_____